



COUNTY OF SAN DIEGO

INTER-DEPARTMENTAL CORRESPONDENCE

June 22, 1999

TO: The Honorable Wayne Peterson
Presiding Judge, Superior Court (C-44)

FROM: William B. Kolender, Sheriff (0-41)

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San Diego County Grand Jury 1998-1999 Report:
"Medical Care in San Diego County Detention Facilities"

My staff has very carefully reviewed the 1998-1999 Grand Jury Report entitled "Medical Care in San Diego County Detention Facilities" and has addressed each of the recommendations in detail. We found ourselves in agreement with most of the recommendations and our current policies, procedures and practices support those recommendations. We do acknowledge that the "human factor" enters into all that we do. We recognize that we must be vigilant in our follow-up and our training of staff, both on the medical and the correction's side, to ensure that our policies and procedures are adhered to as written.

We are very proud of our medical administration and staff, and have made significant improvement in our delivery of medical and mental health services to our inmate population over the past three years. Along with the integration of jail mental health services into the Sheriff's Medical Services, there are several projects that are underway in the Sheriff's Department. We are in the final stages of the development of partnerships with regional hospital providers who can facilitate medical/hospital services for all Sheriff's detention facilities and improve the quality of care. We soon will have the availability of kidney dialysis on site for our inmate population at the San Diego Central Jail. We have begun the development of a partnership with the County Public Health Department to devise a strategy to tackle the challenge of tuberculosis in our system. We are about to receive a \$5 million dollar grant (Mentally Ill Offender Crime Reduction Grant) from the Board of Corrections and will be collaborating with the San Diego County Probation Department and other mental health agencies to provide a continuum of care for our mental health inmates, not only while they are in our system, but as they transition back into the community as well.

We continue to grow technologically. We are about to begin medical record imaging, which will allow us not only to have the entire past medical history of the inmate, but we will also be able to add any additional medical information that is obtained through hospitalization, medical

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clinics, etc. In addition, when the JIMS (Jail Information Management System) project comes on line in 2001, it will enable us to have one electronic medical record. This sophisticated information management system will ultimately allow us to have an entirely paperless medical record.

We continue to strive to provide the most efficient and cost effective medical care in our detention facilities. We are proud of our accomplishments and we continue to enhance the level of medical care provided to inmates incarcerated in San Diego County.


William B. Kolender, Sheriff

WBK/ns
Attachments

cc: San Diego County Grand Jury
Board of Supervisors
Clerk of the Board

RESPONSE TO GRAND JURY FINDINGS OF MAY 11, 1999

- 99-55: "ensure that prompt and proper medical care is provided to inmates and that unnecessary delays are avoided."**

Agree with recommendation.

Currently, inmates requiring medical care for a life threatening conditions are immediately seen by the in-house physician or, in the physician's absence, are immediately transferred by ambulance to a contracted hospital or the nearest available hospital specific for the clinical condition, if timeliness drives the decision. Inmates requiring urgent care are seen immediately by the nurse staff and, depending upon the clinical condition, are appointed to the provider sick call in a timely manner. Inmates requesting routine care are seen at the earliest available sick call, which is normally within 24-48 hours. The nursing staff reevaluates any inmate converting from a lower acuity level to a higher one and the higher-level management plan is implemented.

* The current protocol will remain in effect.

- 99-56: "ensure that inmate requests for medical care are expeditiously handled."**

Agree with recommendation.

Requests to be seen by medical, once received within the medical department, are reviewed and the inmate is normally seen within 24 hours at the nursing sick call and/or provider sick call.

* The current plan will remain in effect.

- 99-57: "maintain records to indicate the response time for all requests by an inmate for medical care. A two-ply form signed by the inmate and the guard with dates and times of submission with one copy retained by the inmate and one submitted to the medical treatment facility could be used."**

Disagree with recommendation.

The current procedure, which calls for the use of a three-ply form already accomplishes the purpose of the recommendation. Specifically, the currently used three-ply form, when used, provides one copy for the inmate (receipt), one copy for the chart and one copy for potential co-pay billing. Dates of the sick call request and of the medical encounter are included on this form.

* The current policy will remain in effect.

- 99-58: "ensure that proper and prompt medical care requiring the special expertise of a suitable licensed physician is available to inmates."**

Agree with recommendation.

Prompt and proper medical care requiring physician expertise is available routinely at scheduled sick calls. At all other hours, depending on the nursing staff assessment of the inmate, the patient may be either treated, be scheduled for the next available provider sick call, or be evaluated on an urgent and/or emergency basis at an emergency room. In addition, there is an on-call physician assigned at all times to answer inmate healthcare issues.

* The current protocol will remain in effect.

- 99-59: "ensure that transportation for inmate patients to off-site medical facilities is provided promptly and that it is an appropriate location having the required capabilities. This might necessitate medical facilities other than the UCSD Medical Center."**

Agree with recommendation.

Although our normal referral hospital is UCSD Medical Center, for varying reasons (emergencies, e.g.), we use alternate hospitals as referral sites. We are satisfied that the level of expertise for nearly every inmate patient condition can be met at the UCSD Medical Center.

* The current policy will remain in effect. However, note that our contracted health services plans will call for patients at the Vista Detention Facility to receive their consultations at Palomar Pomerado Hospital, effective June 1, 1999. For any inmate whose clinical condition exceeds the capabilities of Palomar Pomerado Hospital, the consultation will normally be directed to UCSD Medical Center.

- 99-60: "provide additional controls on prescribed medications for inmate patients to ensure that such medications are not diverted to other uses."**

Agree with recommendation.

No additional implementation action plan is required, given that the Sheriff's Department has adequate control in this matter. This issue appears from the text of the Grand Jury Report to be a matter of concern for the Probation Department. Nonetheless, in the event that the Sheriff's Department's policies and practices in this area are desired, the following explains current methodology:

The Sheriff's Department utilizes a licensed central pharmacy whose services are professionally managed under the direction of a licensed pharmacist. All medications are ordered through a single wholesaler who delivers the medication to the central

pharmacy at the South Bay Detention Facility (Sheriff's Pharmacy). All pharmaceuticals are then delivered to each detention facility, pending the ordering of the specific medication by detention facility medical personnel. Upon receipt of the medication at each detention facility, it is stored in a locked medication room whose access is controlled by a licensed medical staff member. Most medications are bought and delivered in a unit dose manner (unit of use) in which the medication is individually wrapped and labeled.

Upon the order of a licensed health care provider, a medication administrative record is prepared for every inmate patient receiving any type of medication. Medication preparation, medication delivery, medication administration, and recording of medication given are performed by a single licensed medical staff member. Observation of medication ingestion is required for certain classes of medications and under additional special circumstances:

- Medications for treatment and/or prophylaxis of tuberculosis
- All narcotic medications
- All psychotropic medications
- Medications for seizure disorders
- Any medication for any patient deemed to be or potentially to be noncompliant

In short, the Sheriff's Department adheres to or exceeds all community health care standards with respect to the administration and recording of pharmaceuticals.

99-61: "provide additional controls on prescribed medications, especially controlled substances, are actually received and used/ingested. The initials or signature of the recipient each time the drug is received should be a part of that system."

Agree with recommendation.

Medications, including controlled substances are kept in medication rooms accessible to medical staff alone. Only licensed nursing staff administers medications upon a physician's order. Controlled substances are rigidly accounted for through log documentation and documentation on the patient's Medication Administration Record (MAR), which serves as a permanent portion of the inmate's medical record.

All controlled medications are "watch take", which means that the medical staff observe the patient ingesting the drug through swallowing completion. In addition, other medications are given utilizing the "watch take" method, and these include, but are not limited to, psychotropic medications, tuberculosis medications, seizure medications, and any medication prescribed to a patient known to be non-compliant in taking medication.

It is correct that the recipient is not required to indicate the receipt of medication. Changing to a practice of requiring recipients to indicate receipt of medication would

be unnecessarily burdensome and would far exceed any health care industry standard. In addition, the value in so implementing is unapparent.

- * Although it is acknowledged that there will be some patients whose medication refusal skills will successfully elude the most careful observers, the current policy will remain in effect.

99-62: "maintain medical records in a legible format permitting accurate review of the treatment provided and who provided the treatment. Entries in the medical records for inmates must be legible to readers other than the writer of those entries and the entries must accurately reflect the treatment provided."

Agree with recommendation.

Current policy is records are to be legible. Transcribing capability exists in all facilities. Staff is required to annotate chart entries through their signature and their identification number.

- * The current protocol will remain in effect.

99-63: "review the storage/destruction policies for inmate medical records to ensure that they are appropriate and consistent between the Probation and Sheriff's Departments."

Agree with recommendation.

Storage and destruction policies for inmate medical records follow California State law regulations. Probation Department policy is not within our jurisdiction and we provide no further comment.

- * The current policy will remain in effect to ensure that we remain consistent with California State law.

99-64: "delete the requirement for a new medical record to be constructed upon transfer of an inmate between the Probation and Sheriff's Departments. The same medical record should be acceptable by both departments. This will decrease the processing time now required of nurses involved in such transfers."

Agree with recommendation.

While the recommendation is reasonable in thrust, it avoids the issue of record ownership. The Sheriff's Department is responsible for maintaining the medical records of inmates. Standard community practice, even between hospitals effecting patient transfer, is not to transfer the entire medical record, but to send a summary of care transfer to the receiving hospital. Similarly, this practice mirrors our current one.

However, should a receiving institution desire a complete medical record, we will copy a complete record and forward it pending the written authorization of the patient.

* The current protocol will remain in effect.

99-65: "schedule inmates for medical examinations upon arrival at their final destination to ensure that examining personnel are not overburdened by large groups of inmates to be processed in a short period of time."

Agree with recommendation.

Currently all inmates are seen by a Registered Nurse at the time of intake. The time factor is not an issue, given the acuity of medical or mental health needs of the inmate/patients arriving at our facilities and their need for care and follow. This is the ideal time to deal with any health issues and allows for appropriate follow-up of medications, treatments, and medical appointments. In addition, medical staff makes recommendations for housing assignments, which is important for the health and safety of the inmates and staff, as inmate movement within our system is ongoing.

* The current policy will remain in effect.